

**Incident Report**

Tracy Fire Department

**2019-0005769 -000****Basic**

Alarm Date and Time	00:22:59	Friday, August 23, 2019
Arrival Time	00:29:52	
Controlled Date and Time		
Last Unit Cleared Date and Time	00:45:43	Friday, August 23, 2019
Response Time	0:06:53	
Priority Response	Yes	
Completed	Yes	
Fire Department Station	S92	
Shift	B	
Incident Type	311 - Medical assist, assist EMS crew	
Initial Dispatch Code	RT2	
Aid Given or Received	N - None	
Action Taken 1	73 - Provide manpower	
Apparatus - Suppression	1	
Personnel - Suppression Personnel	3	
Property Use	700 - Manufacturing, processing	
Location Type	Address	
Address	1555 N CHRISMAN RD	
City, State Zip	TRACY, CA 95376	
District	324D	

**Apparatus - E92**

Apparatus ID	E92
Response Time	0:04:00
Apparatus Dispatch Date and Time	00:23:21 Friday, August 23, 2019
En route to scene date and time	00:25:52 Friday, August 23, 2019
Apparatus Arrival Date and Time	00:29:52 Friday, August 23, 2019
Apparatus Clear Date and Time	00:45:43 Friday, August 23, 2019
Apparatus priority response	Yes
Number of People	3
Apparatus Use	1
Apparatus Action Taken 1	73 - Provide manpower
Apparatus Type	11 - Engine
Personnel 1	9560 - Bliss, Steve Position: CAPT/MED Personnel Action Taken 1: 73 - Provide manpower
Personnel 2	1020 - Gall, Ryan Position: ENG/MEDIC Personnel Action Taken 1: 73 - Provide manpower
Personnel 3	1501 - Slaughter, Joel Position: FF/MEDIC Personnel Action Taken 1: 73 - Provide manpower

**Authority**

Reported By	1501 - Slaughter, Joel 16:58:50 Friday, August 23, 2019
Officer In Charge	9560 - Bliss, Steve 16:58:53 Friday, August 23, 2019
Reviewer	- ,

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<b>Narratives</b>	
Narrative Name	CAD Narrative
Narrative Type	CAD Narrative
Author	- ,
Narrative Text	JOSH 627-6742FALL (209) 87
Narrative Name	D1:VLC AMAZON DISTRIBUTION CENTER-FRONT ENTR
Narrative Type	Engine 92
Narrative Date	Incident
Author	16:58:25 Friday, August 23, 2019
Author Rank	1501 - Slaughter, Joel
Author Assignment	FF/MEDIC
Narrative Text	1 E92 with AMR respond to a medical call. Provided manpower. No patient care rendered.

End of Report